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Letters

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Letters . . .

DISAGREES WITH CAVANAGH

TO THE EDITOR:

With some interest, and as I proceeded, with great misgivings, did I read Dr. Cavanagh's article, "Psychiatric Indications for the Use of Contraceptives" (*Linacre Quarterly*, Vol. 36, No. 2, May, 1969, pp. 92-99). I'm afraid that Dr. Cavanagh has mistakenly applied the words of Pope Pius XII quoted on page 92. Had he continued the quotation, he would have stated: "But one causes a direct sterilization, and therefore an illicit one, whenever one stops ovulation in order to preserve the uterus and the organism from the consequences of a pregnancy which they are not able to stand. Certain moralists pretend that it is permitted to take drugs for this purpose, but this is a mistake."

If one is to assume that taking the 'pill' is at least an indifferent act in itself, there remain three conditions of the Principle of Double effect to be fulfilled: a) the motive must be directed only to the good effect; b) the good effect must not be achieved through (i.e., caused by the evil effect; and c) there must be a proportion between the good and bad effects.

In the case proposed by the doctor, we may assume that the physician intends only the good effect (alleviating mental illness) and sees this as a proportionate good to offset the evil (sterilization). But a close analysis indicates that, in fact, the physician *must* intend the evil effect for the simple reason that the good is being reached through and because of the evil effect. Correct application of the principle would demand that the drug used in some way directly alleviate the mental state while sterility is encountered as a side effect that could be tolerated for the good being achieved. However, the 'pill' does not directly affect the mental state. Its sole utility here arises from the fact that it suspends ovulation, and *therefore* removes fear of pregnancy, and *therefore* aids the patient's mental condition. Accordingly, neither condition "a" or "b" noted above is met.

Fathers Ford and Kelly, in their work *Contemporary Moral Theology* (Vol. 2, Marriage Questions, pp. 344-5), consider this very problem. The case being considered is of a "woman who is severely disturbed by a mental illness because of a pathological fear of pregnancy. The remedy suggested, and hesitantly approved by the theologian, is to suppress ovulation by means of the drug and thus remove the fear of pregnancy and thus help the woman to attain emotional equilibrium. We agree with Joseph L. Schuch, S.J., that the correct analysis of this case is that the laudable objective of curing the emotional illness is brought about precisely by direct sterilization; and we find it difficult to understand why any theologian should hesitate to draw this conclusion.

There is confusion enough in the whole area of when and how the 'pill' may be used. It is unfortunate that a journal of your standing should contribute to the confusion instead of making precise and correct application of moral principles for the sake of clarification.

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VIGOROUS DISSENT REGISTERED AGAINST CAVANAGH'S ARTICLE

To the Editor:

Some comments are certainly in order regarding your issue of May 1969.

To begin with, the article "Psychiatric Indications for the Use of Contraceptives" by John R. Cavanagh, M.D. is full of errors. First of all the moral lawfulness of the use of "the Pill" for the nine categories mentioned, namely, (1) Amenorrhea, (2) Metrorrhagia, (3) Menorrhagia, (4) Hypomenorrhea, (5) Endocrine Sterility, (6) Idiopathic Infertility, (7) Endometriosis, (8) Premenstrual Tension, and (9) Dysmenorrhea, is dependent entirely upon the

principle of double effect, and the mere existence of one of these conditions does not in itself justify the use of "the Pill." This justification would depend entirely upon the merit of each individual case. Secondly, on the question of the moral lawfulness of the use of "the Pill" for the regulation of menses, the statements of the various theologians quoted, regardless of their repute, have value in the final analysis only in proportion to the weight of the argument or reasoning they use to show that such use is licit. If a theologian were simply to say that in his opinion such a use is licit, but were to give no argument or reason to support his claim, then such a statement would be without any intrinsic value because the validity of the statement does not depend necessarily upon the fame of the theologian but rather upon the weight of his arguments or reasonings. And in effect this is essentially what Dr. Cavanagh has done by stating the opinions of various theologians without their arguments or reasonings. Now I do not wish to imply that one can never appeal to authority in these matters, but in the matter at hand it is well to examine carefully and explicitly the weight of the arguments behind the theologic positions or opinions stated rather than to pay too much attention to the fact that theologians have stated these opinions. These theologians may have a poor understanding of science and therefore be very poorly able to apply moral principle to concrete scientific situations. Furthermore, at the present time innumerable people are being misled by many theologians who are ignoring and questioning even the supreme authority of the Church.

I believe several further emphatic remarks should be made concerning the theologians quoted by Dr. Cavanagh concerning the use of "the Pill" for the regulation of menstrual cycles. While I have not had time or source immediately available to check these articles, the remark of Father Francis Connell which was quoted by Dr. Cavanagh in his article and which stated "that every woman has a right to a regular cycle" (which for him is 28 days) is absurd. This is the same as saying that everyone has a right to be beautiful, short or tall, white or black, or perhaps wealthy and intelligent. The fact is, however, that medical science in the present state of our knowledge does not have any satisfactory method of "regulating" menstrual cycles (or ovulation for that matter), all foolish shouting to the contrary

notwithstanding. "The Pill" does not, as I shall point out, "regulate" cycles, but simply causes artificially induced withdrawal bleeding at predetermined intervals, overwhelming normal bodily functions, so that in reality nothing is "regulated." Furthermore, as Dr. Cavanagh and most physicians I am sure are quite well aware, the use of "the Pill" for a number of months in the hope of achieving regular menstrual cycles after "the Pill" has been discontinued, has proven to be a failure. There can be no justification on scientific grounds for such practices which rarely if ever succeed. No doubt someone can find an exception here or there, just as menstrual cycles will sometimes become regular spontaneously for no very evident reason, but where are the well controlled scientific studies to justify this ridiculous practice?

In conclusion therefore, one can assume that if every woman has a right to a regular 28 day menstrual cycle, most women have been cheated by a dishonest Creator for in the present state of our knowledge they cannot be so regulated and most menstrual cycles are certainly not 28 day cycles.

To date there have been no reasonable arguments put forth to show that fertility, a major endowment of a human being, can be permanently or temporarily eradicated to have regular menses. After all there is no scientific evidence to show that irregular menses *per se*, no matter how irregular, have any detrimental effect upon health, or that irregular menses are *per se* abnormal. Nor is there any divine revelation or scientific evidence to show that periods must occur at some regular interval. These notions are at best only arbitrary standards imposed from without and have no intrinsic merit. Certainly irregular menses are intrinsically a minor inconvenience at most, necessitating that the woman be ready to wear a pad when she might not expect to do so. It follows from the above points that irregular periods *per se* are no justification for permanent or temporary sterilization, whether intermittent or not, just because the woman or her physician have at present inadequate scientific knowledge to practice partial abstinence successfully under these circumstances. Now I am well aware that the usual argument put forth in favor of the use of "the Pill" in the case of irregular menses is that the patient or the physician is simply regulating the periods by the use of these

medications ("the Pill") so as to make the practice of rhythm possible or safe. It is time for this euphemism or sleight of hand performance to be exposed for what it really is. The use of "the Pill" does not "regulate" menstrual cycles but rather causes periodic withdrawal bleeding at predetermined intervals simulating normal menstrual periods. This neat performance in no way regulates ovulation which in reality is the presumed object of all of this manipulation. Several effects are possible depending upon the method used. In general it can be stated that when "the Pill" is used from day 5 to day 25 of each cycle, ovulation is either inhibited completely, the cervical mucus rendered hostile to sperm, or the endometrium rendered incapable of implantation so that pregnancy, as we usually think of it, will not occur. In the other cases in which "the Pill" is used from day 15 to day 25 (10 "Pills" per month), the patient is automatically rendered sterile from about day 17 or 18 until her next "period." In addition it is not improbable that in many cases ovulation may tend to be delayed so as to occur in the latter part of the cycle of the following month. But in such a case it is actually prevented from so occurring because the patient does in reality take "the Pill" during the latter half of the following month. This is not a proper practice of rhythm at all for in reality we are saying to the patient: "If your time of ovulation does not occur when I propose it should (for no really good scientific reason), I will sterilize you at those times in the latter half of an artificially induced withdrawal bleeding cycle so as to make it impossible for you to become pregnant during this time. During this time it will be safe for you to practice 'rhythm.'"

This type of science and this type of moral reasoning should make the dumbest scientist and the poorest theologian ashamed. If such reasoning were valid then everybody, before it became known 30 or 40 years ago when ovulation was apt to occur in a menstrual cycle, would have been justified in being sterilized all of the time to prevent pregnancy, or at least during those months when they did not wish pregnancy to occur, since they didn't have any idea when ovulation would occur.

Some comments are also in order here concerning the conclusions of Canon P. Anciaux of Malines and Professor Dr. Joseph A. Schockaert of Louvain as presented in this same article. Their expressed opinion "that 'the Pill' (and other contra-

ceptives) may be licit as an indirect means of preventing a neurosis that would result from a new pregnancy in a woman who has a fear of pregnancy or who has anxiety concerning childbirth, etc." (*Linacre Quarterly*, May, 1969, p. 94) is in error. If such reasoning were correct, that this would be indirect sterilization, there could scarcely be such a thing as direct sterilization since every one who takes "the Pill" does so for one reason or another, such as fear of poverty, fear of fatigue, fear of labor, fear of losing husband, etc. Now every good moral theologian knows that when the good effect, as in this case the relief of anxiety and prevention of neurosis, arises directly as a result of an evil perpetrated, the action is direct not indirect. Therefore sterilization in this case is definitely direct sterilization, most assuredly not indirect, since the good effect is a direct result of sterilization.

Dr. Cavanagh's understanding of the comments of theologians that "the Pill" may not be used by women to directly and intentionally prevent pregnancy is not entirely correct. It is not only true that a normal woman cannot licitly use "the Pill" for the purpose of temporary sterilization, but it is likewise and equally true of women who are ill or otherwise abnormal. Now no one questions that a psychiatric disorder may be one of the total being. Whether "the Pill" is licit or not for the treatment of psychotic or prepsychotic individuals with premenstrual tension or other disorders depends entirely upon whether the medication *per se* directly affects the disease process itself favorably by virtue of its medicinal value in such cases, or whether the improvement was due to the relief of anxiety arising out of a knowledge that pregnancy is not possible because of sterility. In the first case, if it can be shown that "the Pill" has intrinsic medicinal value in treating the neurosis directly then the sterilization could be said to be indirect and would then be subject to the usual theological principles of double effect. If however, the medication has no such intrinsic value and it is shown that the good effect results primarily from the knowledge that pregnancy is not possible, then we are dealing strictly with direct sterilization and it is absolutely forbidden. The same principles hold true for those individuals in whom there is a close relationship between the fear of pregnancy and mental illness. Case I cited by Dr. Cavanagh of a Catholic girl who remained well for 3 years on "the Pill" having been

relieved of the anxiety of becoming pregnant, is a case in point. Here I might digress for a moment to point out that the Church has never taught that it would be wrong for the patient to refuse her husband sexual intercourse in such a case. (Such a doctrine would be ridiculous.) While not a psychiatrist, I have likewise treated such an individual successfully by explaining to both the husband and wife that in their particular case they were not justified in having sexual intercourse. And in this case the woman has, by practicing abstinence, remained out of the psychiatric wards in which she had previously been a patient for the same type of conflict that Dr. Cavanagh mentions. The end does not necessarily justify the means, and in case I cited by Dr. Cavanagh, as far as the material and arguments presented by him are concerned, this is clearly a case of direct sterilization. This is true because the good effect, namely relief of anxiety, arises directly as a result of the knowledge that conception is no longer possible because of sterilization. Now returning again to the moral lawfulness of the wife refusing her husband sexual intercourse in such a case, Pope Pius XII taught clearly: "The right norm therefore is this: -The use of the natural inclination to generate is lawful only in matrimony, in the service of and according to the order of the ends of marriage." ("The Apostolate of the Midwife," *The Major Addresses of Pope Pius XII*, Vol. I, edited by Vincent A. Yzermans, St. Paul, the North Central Publishing Company, 1961, p. 174.) Now intercourse does not serve the proper ends of marriage when it drives people to insanity outside of their ability to control it, and it is therefore simply not licit in such cases. The fact that the same end, namely the relief of anxiety and resultant mental health, can be obtained by contraception or direct sterilization, as in this case, does not make sterilization indirect or licit. The same reasoning applies to case II of the Catholic male who, by allowing his wife to be fitted with an I.U.D., gained relief from the anxiety resulting from fear of pregnancy and was thus able to maintain mental health. Now if this were allowable then it would be equally allowable for a person to masturbate to relieve sexual tension, and perhaps eliminate the danger of fornication, or it would be licit and reasonable to rob a bank of a million dollars to prevent a neurosis from arising out of a fear of poverty. Again if this reasoning is correct, then murder of a neighbor would be permissible to insure a person's certainty of a

selection to an office or other similar good arising from such an act. All of these are examples of crimes committed to obtain a natural good, just as every sin has as its motivation some proposed good in preference to God's law.

Cases III and IV presented by Dr. Cavanagh are quite similar and the objections are the same. They are simply cases of direct sterilization practiced to obtain a natural good, clearly erroneous moral theology. No one can correctly practice contraception or direct sterilization to obtain or maintain mental health and get around it by euphemistically calling it indirect sterilization, the fame of the moral theologian, Catholic Ob-Gyn physician, or psychiatrist notwithstanding. An editor such as you responsible for such an important magazine as *Linacre Quarterly* who cannot see the principles involved here either through ignorance of science, human respect, or otherwise, should resign for the arguments presented are neither reasonable nor acceptable (as you have proposed them to be at the end of the article). The Catholic psychiatrist's cases presented are certainly no exception; there are no exceptions. Direct sterilization of the innocent is always intrinsically evil, just as murder, fornication, masturbation, and many other things are intrinsically evil. To pretend that such obvious cases of direct sterilization are cases of indirect sterilization is an insult to the readers' intelligence.

Sincerely yours,

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Ed. The above letters were referred to Dr. Cavanagh. The following article is his reply to this criticism and, at the same time, a rejoinder to Dr. Paganelli's article in the August issue (Linacre Quarterly 36, 197-201, August, 1969).